



**COUNTY OF ERIE/CITY OF BUFFALO
JOINT CERTIFICATION COMMITTEE**

CERTIFICATION APPLICATION

General Instructions: Please type or print clearly. Do not leave any spaces blank on the application. If a question is not applicable to your business, insert "N/A" in the space provided for your answer. You may make photocopies of the completed application as necessary. Whenever the space is insufficient to answer a question completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet. Retain a copy of your entire application.

Date: _____

Name and Street Address of Applicant Firm

Enter the full legal name of the enterprise. (For example, a corporation named ABC Construction, Inc. should be identified as "ABC Construction, Inc." not as "ABC Construction.")

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

"Doing Business As" (DBA) Name (Complete if firm does business under an assumed or trade name that is different from its legal name)

Mailing Address (if different from above)

Street: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____ **Ext.** _____ **Fax:** _____

Email: _____ **Web Address:** _____

Federal Employer Identification Number (EIN) or Social Security Number (A Federal EIN is required for most business activities. For an application and/or additional information, contact the United States Internal Revenue Service website <http://www.irs.gov>. Sole Proprietorships may submit social security number of the owner in lieu of the federal EIN.

Name of Company's President, Chief Executive Officer, and Owner

Name & Title of Officer of the Firm who can be contacted during application review process:

DEFINITIONS & GROUP CODE OF MBE AND WBE

UNDER EACH CERTIFICATION CATEGORY, OWNERSHIP MUST BE REAL SUBSTANTIAL AND CONTINUING. THE APPLICANT MUST HAVE AND EXERCISE THE AUTHORITY TO INDEPENDENTLY CONTROL THE BUSINESS DECISIONS OF THE ENTERPRISE

WOMEN OWNED BUSINESS ENTERPRISE (WBE)

A business enterprise in which at least fifty-one percent (51%) is owned by citizens or permanent resident aliens who are women.

MINORITY BUSINESS ENTERPRISE (MBE)

A business enterprise in which at least fifty-one percent (51%) is owned by citizens or permanent resident aliens who meet the following definitions:

Group Code	Group Name	Group Definition
01	Black	Persons having origins from any of the Black, African racial groups
02	Hispanic	Persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Indian or Hispanic origin, regardless of race
03	Asian-Pacific	Persons having origins from the Far East, Southeast Asia or the Pacific Islands
04	Asian-Indian	Persons having origins from the Indian subcontinent
05	Native American	Persons having origins in any of the original peoples of North America
06	Non-Minority	Persons whose culture or origin is other than those defined above

1. Firm is applying for certification as:

Minority Business Enterprise (MBE)

Women-Owned Business Enterprise

**2. Name & Position of all person(s) with ownership interest. (Check all applicable. If no positions are held, state "none."
For Group Codes, above.)

Name	Position	Group Code	% Owned	Gender	US Citizen/Permanent Resident Alien
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Are you currently involved in the bidding process or other contract/purchase order negotiations with any governmental agency, department, or authority?

Yes No

If Yes, please identify the agency, department, or authority.

4. Specify Type of Current Ownership

Sole Proprietorship _____ Date Established _____ Certificate of Trade Name on file in _____ County

Partnership _____ Date Established _____ Business Certificate for Partners on file in _____ County

Corporation _____ Date Established _____ Certificate of Incorporation on file in _____ County

LLC/LLP _____ Date Established _____ Certificate of Incorporation on file in _____ County

5. Did the business exist under a different type of business ownership prior to the date indicated in question 4?

No If Yes, please explain _____

6. Has your Certification of Incorporation been amended?

No If Yes, please explain _____

7. Method of Acquisition (Check all applicable):

Started New Business Bought Existing Business Secured Franchise
 Secured Concession Inherited Business Merger or Consolidation
 Other: _____

Date of Acquisition: _____

8. Please identify the cash and capital contributions to the firm as identified in question 7, including gifts, equipment, loans, and expertise.

Contributor/Source	Amount/Value	Type of Contribution	Date of Contribution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. If the firm is a partnership, please complete for all partners.

Name	Total Amount/Value of Contribution	Date of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. If the firm is a corporation, please complete for all shareholders.

Name/Contributor	No. of Shares	Common or Preferred	Amount Paid when Purchased	Date of Contribution
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. If a corporation, number of shares:

Common Authorized: _____ Common Issued: _____
 Preferred Authorized: _____ Preferred Issued: _____

12. Gross Sales/Tax Returns. Please provide tax returns for the last 3 years. (If in business for less than 3 years complete as applicable.)

Amount	Amount	Amount
_____	_____	_____
Current Year 20____	Last Year 20____	Previous Year 20____

13. Number of Employees (Provide average over the past year).

Permanent	Temporary
Full-Time _____	Full-Time _____
Part-Time _____	Part-Time _____

14. If licensing, permits or accreditation is required to conduct the business, please identify:

Type of License/Permit	Issued By	Issue Date	Exp. Date	Holder/Registrant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. Check all that best describes the business operation. (For definition see application instructions)**

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Construction-Related | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Broker |
| <input type="checkbox"/> Professional Service | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Supplier** |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Technical Service | |
| <input type="checkbox"/> Other (Explain): _____ | | |
| _____ | | |

16. Describe principle products/commodities sold, specialties or services offered. (Please explain.)

17. Identify those individuals responsible for managerial operations (State if owner or non-owner). *For Group Codes, see 2 Page.

Name & Title	Gender	Group Code	Owner
1. Financial Decisions			
Name & Title	Gender	Group Code	Owner
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Estimating			
Name & Title	Gender	Group Code	Owner
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Preparing Bids			
Name & Title	Gender	Group Code	Owner
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Negotiating Bonding			
Name & Title	Gender	Group Code	Owner
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Negotiating Insurance

Name & Title

Gender

M F
 M F
 M F

Group Code

Owner

Yes No
 Yes No
 Yes No

6. Marketing & Sales

Name & Title

Gender

M F
 M F
 M F

Group Code

Owner

Yes No
 Yes No
 Yes No

7. Hiring & Firing

Name & Title

Gender

M F
 M F
 M F

Group Code

Owner

Yes No
 Yes No
 Yes No

8. Supervising Field Operations

Name & Title

Gender

M F
 M F
 M F

Group Code

Owner

Yes No
 Yes No
 Yes No

9. Purchasing Equipment/Supplies

Name & Title

Gender

M F
 M F
 M F

Group Code

Owner

Yes No
 Yes No
 Yes No

10. Managing & Signing Payroll

Name & Title

Gender

M F
 M F
 M F

Group Code

Owner

Yes No
 Yes No
 Yes No

11. Negotiating Contracts

Name & Title	Gender	Group Code	Owner
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Signatories for Business Accounts

Name & Title	Gender	Group Code	Owner
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. **Please identify additional staff persons.** (If any individual also works for another firm, please check yes and provide the person's name, his/her position, other firm's name, address, and phone number.)

1. Office Staff

Name & Position	Other Firm Name & Address	Phone
_____	_____	_____
_____	_____	_____

2. Field/Supervisory Staff

Name & Position	Other Firm Name & Address	Phone
_____	_____	_____
_____	_____	_____

3. Estimator

Name & Position	Other Firm Name & Address	Phone
_____	_____	_____
_____	_____	_____

4. Controller

Name & Position	Other Firm Name & Address	Phone
_____	_____	_____
_____	_____	_____

5. Consultant (For firms involved in providing consultant service or advisory service.)

Name & Position	Other Firm Name & Address	Phone
_____	_____	_____
_____	_____	_____

19. Does this firm share the following with any other firm? If yes, please provide the other firm's name, address, and phone number.

1.	Office Space Other Firm Name	Address	Phone
	_____	_____	_____
	_____	_____	_____

2.	Yard Space Other Firm Name	Address	Phone
	_____	_____	_____
	_____	_____	_____

3.	Equipment (include rentals) Other Firm Name	Address	Phone
	_____	_____	_____
	_____	_____	_____

20. List rented, leased, or owned warehouse, plant, yard, and office facilities.

Facility Type	Owner or Name of Lessor and/or rental agent	If rented or leased Amount of yearly payment
_____	_____	_____
_____	_____	_____

21. List major equipment or machinery that is owned or leased by the firm.

Type	Depreciated \$ Value	Acquisition Date	Payment Terms
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

22. Do any principles, officers and/or owners of the firm have an affiliation (i.e. business interest or employment) with any other firm? Yes No *If Yes, please complete the following.*

Name of Person	Firm Name & Address	Phone Number	Nature of Business	Nature of Affiliation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

23. Attorney for Firm

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number: _____

24. CPA/Accountant for Firm

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number: _____

25. Has the firm applied for certification as an M/WBE with another governmental agency, department or authority?

Yes No *If Yes, please complete the following.*

Agency	Date	Contact Person	Phone	Specify MBE or WBE
1. Pending With				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
2. Certified By				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
3. Registered By				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

26. List the three largest accounts for which the applicant has provided goods or services within the last two years.

Firm Name	Phone	Account Dollar Amount	Location of Performance	Duration
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

27. Identify Bank(s) where firm's accounts are maintained.

Bank Name	Address	Contact	Account Type	Account Number (Last 4 digits only)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

28. Do you have a Line of Credit? Yes No *If Yes, please identify.*

Source	Limit	Name of Guarantor(s)
_____	_____	_____
_____	_____	_____

29. List major current creditors and/or lenders and types of investments and/or loans in the firm.

Name of Creditor/Lender	Type of Investment Credit/Loan	Dollar Value of Investment Terms/Credit/Loans
_____	_____	_____
_____	_____	_____

30. If your company is owned in full or in part by another firm, please identify the firm and the percentage of ownership interest. Include venture capitalists and other similar investors.

Firm Name	Address	% Ownership
_____	_____	_____
_____	_____	_____

31. Is the firm bonded? Yes No

Bonding Company _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Contact Person _____

Type _____ Limit _____

SUPPORTING DOCUMENTS

A. REQUIRED FOR ALL APPLICANTS

Attach copies of the following, if applicable. Please indicate documents submitted by checking appropriate boxes. Applicant must provide copies of the completed application to all five members of the JCC Committee

NOTE: If appropriate documents are not submitted AND no written explanation is given, the application will be returned to you.

- 1. Resumes of all principals, partners, officers, and/or key employees of the firm as per questions 2, 13, and 17. Show home address and phone number, education, training, and employment dates.
- 2. Bank signature card, bank resolution, or letter from the bank identifying persons authorized to conduct transactions, level of authority and limitations, if any.
- 3. Current Financial Statement. (Balance Sheet and Profit & Loss Statement.)
- 4. Most recent two years', complete and signed (original signature), tax returns both Federal and State taxes ("corporate and personal"), (where applicable City tax returns) including all schedules (e.g. Schedule K-1). If e-filed (please sign copies).
- 5. Proof of sources of capitalization/investments.
- 6. Proof of ethnicity (i.e. Birth Certificate, Baptismal Certificate, Certificate of Indian Status, etc.)
- 7. Proof of US Citizenship (i.e. Birth Certificate, US Passport, Naturalization Certificate, Picture ID, etc.)
- 8. Proof of permanent resident alien status (i.e. permanent resident "green" card).
- 9. Lease Agreements per questions 20 and 21.
- 10. All third party agreements including, equipment rental, purchase agreements, management service agreements, etc.
- 11. Any employment agreements.
- 12. Vehicle registration(s).
- 13. Any certification, decertification or denial of certification documentation. Out-of-state firms should attach a copy of their home state certification, if similar process exists.
- 14. Written request for exemption from disclosure regarding trade secrets.
- 15. If Out-of-state firm, the Authority to Do Business in New York State.

B. REQUIRED FOR SOLE PROPRIETORSHIP

(Attach copies of the following: Please indicate documents submitted by a check mark.)

- 1. Copy of Certificate Trade Name or Business Trade Name filed with County Clerk (If doing business under an assumed name)

C. REQUIRED FOR PARTNERSHIP AND A JOINT VENTURE PARTNERSHIP

(Attach copies of the following: Please indicate documents submitted by a check mark.)

- 1. Business Certificate
- 2. Partnership Agreement
- 3. Buy-out Rights

SUPPORTING DOCUMENTS

D. REQUIRED FOR A CORPORATION

(Attach copies of the following, if applicable. Please indicate documents submitted by a check mark.)

- 1. Articles of Incorporation, including date approved by State
- 2. Corporation by-laws
- 3. Minutes of first corporate organizational meeting and amendments
- 4. Copies of all issued stock certificates, front and back, as well as, next unissued certificate
- 5. Copy of stock ledger
- 6. If applicable, furnish copies of agreements relating to:
 - Stock Options
 - Shareholder Agreements
 - Shareholder voter rights
 - Restriction on the disposal of stock loan agreements
 - Facts pertaining to the value of shares
 - Buy-out rights
 - Restriction on the control of the corporation

E. REQUIRED FOR ALL LLC/LLPs

(Attach copies of the following, if applicable. Please indicate documents submitted by a check mark.)

- 1. Certificate of Registration
- 2. Articles of Organization
- 3. Operating Agreement

VERIFICATION

STATE OF _____)

COUNTY OF _____) SS:

A)

_____, being duly sworn, states he or she is the owner of (or a partner in) the enterprise making the foregoing Application and that the statements and representations made in the Application are true to his or her own knowledge.

B)

_____, being duly sworn, states that he or she is the
Name of Corporate Officer

_____, of _____,
Title of Corporate Officer Name of Corporation

the enterprise making the foregoing Application, that he or she has read the Application and knows its contents, that the statements and representations made in the Application are true to his or her own knowledge, and that the Application is made at the direction of the Board of Directors of the Corporation.

Signature

Date

Sworn to before me this _____

Day of _____, 20__

Notary Public

Person assisting in completing the Application

Print Name

Signature

Phone Number

ATTACHMENT A: JCC - MWBE CERTIFICATION INDIVIDUAL PERSONAL NET WORTH AFFIDAVIT

County of Erie and City of Buffalo – Joint Certification Committee

Each individual owner relied upon for certification as a minority or women-owned business enterprise (hereinafter “MWBE”) must complete this form and provide the applicable supplemental documentation as referenced below as part of the application for certification or recertification.

The personal net worth of each individual upon which certification is relied upon cannot exceed 15 million dollars. For certification purposes, personal net worth shall mean the aggregate adjusted net value of the assets of an individual remaining after total liabilities are deducted. Personal net worth includes the individual's share of assets held jointly with said individual's spouse but does not include the individual's ownership interest in the certified minority and women-owned business enterprise, the individual's equity in his or her primary residence, or up to five hundred thousand dollars of the present cash value of any qualified retirement savings plan or individual retirement account held by the individual less any penalties for early withdrawal.

I, _____, being duly sworn state that the last four digits of my social security number is: XXX-XX- _____ and I am a woman or a member of a minority group as defined in Article 15-A of the Executive Law. I own _____ percent of the equity in _____, the business applying for certification or re-certification as an M or WBE with the JCC. I have read the definition of net worth set forth in the statement above, and have calculated my net worth to be \$_____.

Further, I understand that I am required to provide, with this affidavit, a true, executed copy of my submitted federal and state personal tax returns including all statements and schedules as filed for the prior taxable year. I am also required to submit a complete Personal Financial Statement or Worksheet. I understand the tax returns I have submitted to the Joint Certification Committee as part of the certification or re-certification process must be true and correct copies of my personal tax returns and include all schedules, statements and amendments which I have submitted to the IRS and the state or, in the event that I have paid taxes in multiple jurisdictions, states where I have filed my most recent state income taxes. By signing below I am attesting that I am providing this as part of the application for certification or re-certification, and acknowledge any false statement made by the applicant will result in the denial of certification and is punishable as a Class E Felony under Section 175.35 of the Penal Law.

_____ (Signature)
(Print) State of New York, County of _____. On this _____ day of _____ 20____,
before me appeared (Name) _____ to
me personally known, who being duly sworn, properly did execute the foregoing affidavit and did state
that s/he was properly authorized by (Name of Firm) _____
to execute the affidavit and did so as his or her free act and deed.

Notary Public _____

Commission Expires _____

Attachment B: JCC MWBE CERTIFICATION SMALL BUSINESS AFFIDAVIT

County of Erie and City of Buffalo – Joint Certification Committee

Each applicant firm applying for certification as a minority or women-owned business enterprise (hereinafter “MWBE”) must complete this form and provide supporting documentation upon request as part of the application for certification or recertification. All applicant firms must be a business which has a significant business presence in the State, be independently owned and operated, and not dominant in its field, and in no event employs more than three hundred people.

I, _____, being a duly sworn authorized representative and owner of the applicant firm _____ state that my firm employs _____ full time equivalent employees and in no event exceed three hundred people. I attest my firm is not dominant in its field, and has a significant business presence in the state of New York as required under Article 15-A of the Executive Law. I understand that I may be required to provide, with this affidavit, a true, executed copy of the applicant firms federal and state tax returns including all statements and schedules as filed for the prior taxable year, payroll records, W2s and other related documentation to support the claims set forth in this affidavit.

By signing below I am attesting that I am providing this as part of the application for certification or recertification, and acknowledge any false statement made by the applicant will result in the denial of certification and is punishable as a Class E Felony under Section 175.35 of the Penal Law.

(Signature)

(Print)

State of New York, County of _____. On this _____ day of _____ 20____, before me appeared

(Name) _____ to me personally known, who being duly Sworn, properly did execute the foregoing affidavit and did state that s/he was properly authorized by (Name of Firm)

_____ to execute the affidavit and did so as his or her free act and deed.

Notary Public _____

Commission Expires _____



County of Erie

INSTRUCTIONS TO ASSIST IN COMPLETING **ATTACHMENT C: PERSONAL FINANCIAL STATEMENT WORKSHEET**

This instruction sheet is intended to provide guidance on how to complete the **Attachment C: Personal Financial Statement Worksheet** for the Division of Equal Employment Opportunity office. The Personal Financial Statement Worksheet should be completed by all minority or woman business owners upon which Minority and Women Owned Business Enterprise (“MWBE”) certification is based in order to determine the individual net worth of each minority or woman applicant. Once the individual net worth has been determined, that figure should be used to complete **Attachment A: Personal Net Worth Affidavit**, a required document to be submitted for each minority or woman applicant upon which certification is based as part of the **MWBE Certification Application** for Erie County MWBE certification. Each minority or woman upon which MWBE certification is based will need to complete and include their personal net worth documentation as part of the MWBE supporting documentation required for all firms seeking MWBE certification with Erie County.

All documents referenced above are available online:

<https://www3.erie.gov/eo/>

The personal net worth of each individual upon which certification is relied upon cannot exceed 15 million dollars. According to Article 15-A of the Executive Law: for certification purposes, an individual’s personal net worth shall mean the aggregate adjusted net value of the assets of an individual remaining after total liabilities are deducted. Personal net worth includes the individual’s share of assets held jointly with said individual’s spouse but does not include the individual’s ownership interest in the certified minority and women-owned business enterprise; the individual’s equity in his or her primary residence; the individual’s ownership interest in a holding company established for the exclusive and sole purpose of leasing machinery, equipment, or vehicles exclusively to the certified minority or women-owned business enterprise, that is majority owned by the minority group member or women relied upon for certification, and the holding company does not own any other assets of any kind; or up to seven hundred and fifty thousand dollars of the present cash value of any qualified retirement savings plan or individual retirement account held by the individual less any penalties for early withdrawal.

General Instructions

You must fill out all line items on the **Attachment C: Personal Financial Statement Worksheet** to the best of your ability. On the form, indicate if financial information is for a “*married individual*” or “*single individual*.” On a separate sheet, identify all property that is not held jointly or as community property, and include values and ownership. If necessary, you can use additional sheet(s) of paper to report all information and details. Once you have determined your adjusted personal net worth, you will transfer that figure to **Attachment A: Personal Net Worth Affidavit**.

Do not include the following in the final Net Worth calculation:

- *the individual's ownership interest in the applicant firm;*
- *the individual's equity in his or her primary residence;*
- *The individual's ownership interest in a holding company established for the exclusive and sole purpose of leasing machinery, equipment, or vehicles exclusively to the certified minority or women-owned business enterprise, that is majority owned by the minority group member or women relied upon for certification, and the holding company does not own any other assets of any kind;*
- *up to seven hundred and fifty thousand dollars of the present cash value of any qualified retirement savings plan or individual retirement account held by the individual less any penalties for early withdrawal.*

If you reside in a community property state, all assets and liabilities, **except** the ownership interest in the firm, should be halved accordingly on the form, unless there is a separate property agreement that stipulates sole ownership by one individual.

FOR EXAMPLE: John and Mary Smith jointly own their primary residence valued at \$100,000. They each claim 50% ownership on the property. John Smith would only report his 50% interest, \$50,000, on his Personal Net Worth Statement. If you do not reside in a community property state, assets and liabilities may be halved if jointly owned. If assets and liabilities are separately owned, these items should only be reported on the respective owner's form. The preceding does not address each item on the form; however, we have identified certain items on the form that you should pay special attention to since these items are commonly reported inaccurately or misrepresented.

If you have any questions about completing this form, please contact the Erie County Division of Equal Employment Opportunity Office at (716) 858-7542.

Be sure to sign, date, and include your social security number at the end of the statement.

Do not leave any sections blank. Incomplete forms will be returned, and will cause delays in processing the application associated with the net worth documentation.

Specific Instructions

CONTACT INFORMATION

Name: Include the full name of the individual whose financial information is contained in the document.

Business Phone: Telephone number of the business, this should match the number provided in the MWBE certification application

Residence Address: Include the full address of the individual whose financial information is contained in the document.

Residence Phone: Include the home phone number of the individual whose financial information is contained in the document.

Business Name of Applicant: Include the full name of the applicant firm; this should match the number provided in the MWBE certification application

ASSETS

All assets must be reported at their current fair market values as of the date of your statement. Assets held in a trust generally should be included.

Cash on hand & in Banks: Enter the total amount of cash on-hand and in bank accounts other than savings.

Savings Accounts: Enter the total amount in all savings accounts.

IRA or other Retirement Account: Enter the total present value of all IRAs and other retirement accounts, including any deferred compensation and pension plans (*five hundred thousand dollars of the present cash value of any qualified retirement savings plan or individual retirement account held by the individual less any penalties for early withdrawal should not be included in final net worth calculation*). ***You may be requested to provide copies of the most recent statements to substantiate the amount listed.***

Accounts & Notes Receivable: Enter the total value of all monies owed to you personally, if any. This should include shareholder loans to the applicant firm, if any.

Life Insurance-Cash Surrender Value Only: Enter the value of any life insurance policies. This amount should be cash surrender value only, not the amount a beneficiary would receive upon your death, also known as face value. A complete description is required in Section 8.

Stocks and Bonds: Enter the current market value of your stocks and bonds. A complete listing and description is required in Section 3.

Real Estate: Enter the current fair market value of all real estate owned (*except primary residence*). A complete listing and description of all real estate owned is required in Section 4. The amount must correspond with the total “Present Market Value” amounts listed in Section 4.

Automobile-Present Value: Enter the current fair market value of all automobiles owned.

Other Personal Property: Enter the current fair market value of all other personal property owned, but not included in the previous entries (*ie: jewelry, furniture, etc*). A complete description of these assets is required in Section 5.

Other Assets: Enter the current fair market value of all other assets owned, but not included in the previous entries. A complete description of these assets is required in Section 5. This can include ownership interest in firms other than the applicant firm. ***The ownership interest in the applicant firm should not be included in this calculation.***

LIABILITIES

Accounts Payable: Enter the total value of all unpaid accounts payable that is your responsibility.

Notes Payable to Bank and Others: Enter the total amount due on all notes payable to banks and others. This should not, however, include any mortgage balances. A complete description of all notes payable to banks and others is required in Section 2.

Installment Account (Auto): Enter amount of the present balance of the debt that you owe for auto installment account. Please be sure to indicate the total monthly payment in the space provided.

Installment Account (Other): Enter amount of the present balance of the debt that you owe for other installment account. Please be sure to indicate the total monthly payment in the space provided. For example, include the balances of all credit card debts in this line.

Loans on Life Insurance: Enter the total value of all loans due on life insurance policies.

Mortgages on Real Estate: Enter the total balance on all mortgages payable on real estate. A complete breakdown of all mortgages on real estate is required in Section 4. The amount must correspond with the total of the mortgage balances amounts listed in Section 4.

Unpaid Taxes: Enter the total amount of all taxes that are currently due, but are unpaid. Contingent tax liabilities or anticipated taxes for current year should not be included. A complete description is required in Section 6.

Other Liabilities: Enter the total value due on all other liabilities not classified in the previous entries. A complete description is required in Section 7.

Adjusted Personal Net Worth: To compute Net Worth, add all liabilities and put that figure in the Total Liabilities line. Then subtract Total Liabilities from Total Assets to get your Net Worth. To check your figures, add Total Liabilities and Net Worth and the sum must equal Total Assets.

If your figures do not match, your form will be returned to you to correct and complete again.

SECTION 1 SOURCES OF INCOME AND CONTINGENT LIABILITIES

SOURCE OF INCOME

Salary: Enter the amount of your total annual salary. This includes any salary from the applicant firm and if applicable, any salary from outside employment.

Net Investment Income: Enter the total amount of all investment income (i.e. dividends, interest, etc.).

Real Estate Income: Enter the total amount of all real estate income received from the sale, rental, lease, etc. of real estate held.

Other Income: Enter the total amount of all other income received (i.e. alimony, social security, pension, etc.). Please be sure to describe the source of the other income in the space provided below in this section.

CONTINGENT LIABILITIES

Contingent liabilities are liabilities that belong to you only if an event(s) should occur. For example, if you have co-signed on a relative's loan, but you are not responsible for the debt until your relative defaults, that is a contingent liability. Contingent liabilities do not count toward your net worth until they become actual liabilities.

As Endorser or Co-Maker: Enter the total potential liabilities due as a result of being a co-signer for a loan or other commitments.

Legal Claims and Judgments: Enter the potential liabilities due as a result of legal claims from judgments, lawsuits, etc.

Provisions for Federal Income Tax: Enter the total amount of all federal taxes for which you are potentially liable due to an anticipated gain on the pending sale of an asset or other circumstances, such as pending disputes or litigation which could possibly result in a personal tax liability.

Other Special Debt: Enter the total amount due on all remaining potential debts not accounted for.

SECTION 2. NOTES PAYABLE TO BANKS AND OTHERS

Enter the name and address of note holder(s), original balance, current balance, payment amount, frequency, and how secured for each note payable as entered in the “Liabilities” column. Do not include loans for your business or mortgages for your properties.

SECTION 3. STOCKS AND BONDS

Enter the number of shares, names of securities, cost, fair market value, and the date of fair market value for all shares of stock and bonds held. You may attach recent copies of your stock account listings. Do not include stock in your business.

SECTION 4. REAL ESTATE OWNED

Starting with your primary residence (be sure to identify it as your primary residence, *and DO NOT include this in the calculations on the first page of the **Personal Net Worth Worksheet***), enter the type of property, address, date of purchase, original cost, present fair market value, name and address of mortgage holder, mortgage account number, mortgage balance, amount of payment, and status of mortgage for all real estate held. Please ensure that this section contains all real estate owned, including rental properties, vacation properties, commercial properties, etc.

Total “Present Market Value” amounts should correspond with the “Real Estate” amount listed in the “Assets” column. Additionally, total “Mortgage Balance” amounts should correspond with the “Mortgages on Real Estate” amount listed in the “Liabilities” column. Attach additional sheets if needed.

SECTION 5. OTHER PERSONAL PROPERTY AND OTHER ASSETS

Itemize and describe in detail other personal property and other assets owned as listed in the “Assets” column. For other personal property, include boats, trailers, jewelry, furniture, household goods, collectibles, clothing, etc. For other assets, include equity interest in other businesses, trusts, investments, etc.

SECTION 6. UNPAID TAXES

Describe in detail as to the type, to whom payable, when due, amount, and to what property, if any, the tax lien attaches. Please refer to the unpaid taxes listed in the "Liabilities" column. If none, state "NONE." This section should not include the contingent tax liabilities or anticipated taxes owed for the current year. For any unusually large amounts, you must include documentation, such as tax liens, to support the amounts.

SECTION 7. OTHER LIABILITIES

Describe in detail any other liabilities as referenced by the value listed in the "Liabilities" column. If none, state "NONE." For any unusually large amounts, you must include documentation, such as bills, to support the amounts.

SECTION 8. LIFE INSURANCE HELD

Describe all life insurance policies held. Please be sure to include the face amount of the policies, name of insurance company and beneficiaries and cash surrender values of the policies. If none, state "NONE."

SECTION 9. RETIREMENT ACCOUNTS

Describe in detail as to type, account number, face value, any penalties for early withdrawal and current face value. Please provide all applicable details, and be sure to indicate the type of retirement account (ie Roth IRA, etc) If none, state "NONE."



County of Erie

ATTACHMENT C: PERSONAL FINANCIAL STATEMENT WORKSHEET

Complete this worksheet to determine the individual personal net worth as part of the application for MWBE Certification with the Erie County Division of Equal Employment Opportunity office.

Name of Applicant Business:	Business Phone:
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Check One: Single Individual Married Individual

Name:	
Residence Address:	Residence Phone:

Assets		Liabilities	
Cash on hand in Banks	\$	Accounts Payable (Describe in Section 7)	\$
Savings Accounts	\$	Notes Payable to Bank and Others (Describe in Section 2)	\$
IRA & Other Retirement Account (Complete Section 9)	\$	Installment Account (Auto)	\$
Accounts & Notes Receivable	\$	Installment Account (Other)	\$
Life Insurance – Cash Surrender Value Only	\$	Loan on Life Insurance	\$
Stocks and Bonds (Describe in Section 3)	\$	Mortgage on Real Estate (Describe in Section 4)	\$
Real Estate (do not include primary residence from Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$
Automobile – Present Value	\$	Other Liabilities (Describe in Section 7)	\$
Other Personal Property	\$		
Other Assets	\$		
Total Assets	\$ 0	Total Liabilities	\$ 0

Adjusted Personal Net Worth	\$ 0
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Section 1. Source of Income (Prior Year)		Contingent Liabilities	
Salary	\$	As Endorser or Co-Maker	\$
Gross Investment Income	\$	Legal Claims & Judgments	\$
Gross Real Estate Income	\$	Provisions for Federal Income Tax	\$
Other Income (Describe below)*	\$	Other Special Debt	\$

Description of Other Income in Section 1

**Alimony or child support payments need not be disclosed in "Other Income" unless is desired to have such payments counted toward total income.*

Section 2. Notes Payable to Banks and Others					
Use attachments if necessary. Each attachment must be identified as part of this statement and signed.					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amt	Frequency	How Secured
	\$	\$	\$		

Section 3. Stocks and Bonds					
Use attachments if necessary. Each attachment must be identified as part of this statement and signed.					
No. of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
		\$	\$		\$

Section 4. Real Estate Owned. List each parcel separately. DO NOT include primary residence.				
Use attachments if necessary. Each attachment must be identified as part of this statement and signed.				
	Property A	Property B	Property C	Property D
Type of Property				
Address				
Date Purchased				
Original Cost	\$	\$	\$	\$
Present Market Value	\$	\$	\$	\$
Name & Address of Mortgage Holder				
Mortgage Account No.				
Mortgage Balance	\$	\$	\$	\$
Amount of Payment per Year	\$	\$	\$	\$
State of Mortgage				

****Do not include primary residence in calculations on first page of the Personal Net Worth Worksheet***

Section 5. Other Personal Property and Other Assets.

Describe, and if any is pledged security, state name and address of lien holder, amount of lien, terms of payment and if delinquency. Ownership interest in affiliate firms must be included. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

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Section 6. Unpaid Taxes.

Describe in detail Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

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Section 7. Other Liabilities.

Describe in detail Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

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Section 8. Life Insurance Held.

Describe in detail Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

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Section 9. Other Assets.

Describe in detail Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

Type of Account	Current Face Value	Minus Any Penalties	Current Value if Withdrawn Today
	\$	\$	\$

Authorization.

Signature:	Date:	Social Security Number: (last 4 digits only) XXX - XX- _____
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County of Erie and City of Buffalo Joint Certification Committee

MBE/WBE/Dual Disclosure Affidavit

The Following Agencies are voting Members of the Committee:

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